

REPORTS INVENTORY

CONTROL NO.

DDS/OC-011

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Program Review (5 year)

2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL
	<input checked="" type="checkbox"/> NARRATIVE
	<input type="checkbox"/> MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

6

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Yearly

6. DISTRIBUTION (No. of components not number of copies)

OC-P

7. FORMAT (memorandum, form computer print-out, etc)

Memorandum

8. ADP PROCESSING

YES

NO

IF YES GIVE ADP PROCESSING NO.

9. DIRECTIVE AUTHORITY REQUIRING REPORT

DDS/PPB

10. PREPARING COMPONENT (include lowest level contributing information to report)

SPD & Branches

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Program Review submitted by Branches.

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-14	11.02		3.76		4,143.50		1		\$4,143.50
GS-07	4.15		8		33.20		1		33.20
									\$4,176.70

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is in response to a requirement levied by PPB.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)
<input type="checkbox"/> CHANGE	
<input type="checkbox"/> DISCONTINUE	

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STA

16. DATE OF INVENTORY

6 Oct 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100090069-3

18. EXTENSION